

Leadership Team Objectives

Progress 21/22

March 2022

Leadership Team Objectives

1. Staff Health & Wellbeing

Staff Health and Wellbeing will be a priority and we will ensure a collaborative, compassionate and supportive approach to recovery. Staff will be given time, space and resources to recover from the pandemic and prepare for recovery and planning of next steps

2. Reshaping our commissioning approach

Commissioned services will be reviewed across ACHSCP to ensure that the model of delivery is in-line with our strategic commissioning plan and strategic aims of the IJB.

3. Whole system and connected remobilisation

Remobilisation will be undertaken through a planned and measured approach to create stability and resilience across our health and care services and enable us to meet population needs and maximise the learning and changes we have implemented during the global pandemic response. We will undertake a redesign of 2c practices to deliver a sustainable service based on patient profile, population needs assessment and available resource will be completed. If redesign is not achievable within resource, then a merge of practices to match resources will be undertaken. We will continue to review our Primary Care delivery, modernising and improving outcomes where possible.

4. Reshaping our relationship with communities

We will focus on an integrated approach to the way we think about physical, mental and social health, supporting individuals to manage and improve their health and wellbeing and building resilient networks to ensure that there is joint planning and co-ordination of critical elements that impact health e.g. education, food, housing and transportation.

We will embed our Operational teams who are aligned to locality areas and complete work to align those using the opportunity to redesign structure models to bring service delivery in line with available resource.

5. Living and responding to COVID

Community resilience will be key and together with our partners we will be focused on supporting the recovery of those communities most impacted by COVID and making wider communities more resilient and better placed to cope as we learn to rebuild and renew our health services, our communities, education and economy.

Improved sustainability of commissioned services across Aberdeen City to reduce impact on secondary and primary care and deliver better outcomes for people

Consider the impact of long Covid on our health and social care system

The table opposite lists the performance indicators identified for the Leadership Team Objectives with a quick view progress for 2021/2022.

Huddle	Leadership Team Objectives/ Huddle Indicators	Progress
Right Way	Absence Rates	Declined
Right Way	%Annual Leave Taken	Improved
Right Way	Uptake of Support	Improved
Right Way	iMatters Results	Improved
Right Way	Staff Turnover	Declined
Right Way	Vacancy Factor	Declined
Right Way	Agency Costs	Declined
Right Way	Locum Costs	Declined
Right Way	Overtime Costs	Declined
Right Way	Use of Near Me/ E Consult	Improved
Right Way	Compliance with Care Home Reporting	Improved
Right Way	Care Home Occupancy	Improved
Right Way	Covid Cases in Care Homes	Improved
Right Way	Care Home Residents Dying in Hospital	Improved
Right Care	Training Uptake	Declined
Right Care	No of GP Call outs to Care Homes	Not Recorded/ Started
Right Care	No Items prescribed in Care Homes	Not Recorded/ Started
Right Care	Medication Errors	Not Recorded/ Started
Right Care	LSS Projects Delivered	Not Recorded/ Started
Right Place	Numbers WFH vs Office	Stayed the same
Right Place	Travel Costs	Improved
Right Place	Services Remobilised	Improved
Right Place	Space Usage	Stayed the same
Right Place	Tenders Awarded	Stayed the same
Right Place	No GP Practices	Declined
Right Place	GP Stability Rating	Not Recorded/ Started
Right Place	4 Hour Target Compliance	Not Recorded/ Started
Right Place	Unplanned Admissions	Improved
Right Place	Delayed Discharges	Declined



Huddles

Huddles have prioritised some projects over others based on contribution to Covid response and reducing pressure on the wider system.

Right Way – The redesign of ASW is well progressed. The Business Case is due at EPB in March 2022. The Care Home Support Team is well established supporting homes through the pandemic. The 2C Redesign is complete.

Right Care – The main focus has been on staff welfare and immunisations. Psychological support continues to be available to staff in addition to a range of welfare initiatives and wellbeing therapies such as the provision of teas, coffees and snacks in the workplace & offering massage and mindfulness sessions. The Immunisation Blueprint was agreed at IJB in August. The Covid Vaccination programme has been very successful and is ongoing.

Right Place – We are currently reviewing the return to office-based working. Engagement on MHLD Residential Commissioning has taken place and a Market Position Statement for the future needs of the services has been coproduced with providers.

Right Way

Localities

- Embed Locality Working
- Redesign of ASW

Care Homes

- Care Home Reporting
- Care Home Support
- Capacity/Occupancy in Care Homes

Digital

- Digitisation

Pathways and Redesign

- Review Referral Pathways
- Identify LSS Projects
- Rehab Pathway
- 2C Redesign

Data & Evaluation

- Dashboard Production
- Measure Progress
- Working Conditions

Right Care

Workforce

- Support for Staff
- Workforce Plan
- Training and Education

General Practice

- Agree GP Input to Care Homes
- NHS Triage Model for GPs

Quality Improvement

- Reduce Medication Errors
- Interface Group
- Reduce Health Debt
- Models of Care for Long Covid

Immunisations

- Immunisation Blueprint
- Covid Vaccinations

Right Place

Recover from Covid

- Review Models of Work
- Reduction in Travel Costs
- Rationalise Space Usage
- Reduction in Headcount
- Support Remobilisation

Commissioning

- Review NCHC
- MHLD Commissioning
- C@H Oversight within Localities
- Review Grant Funded Orgs

- SWSC

- MPS

Primary Care

- Refresh PCIP
- Deliver CTAC

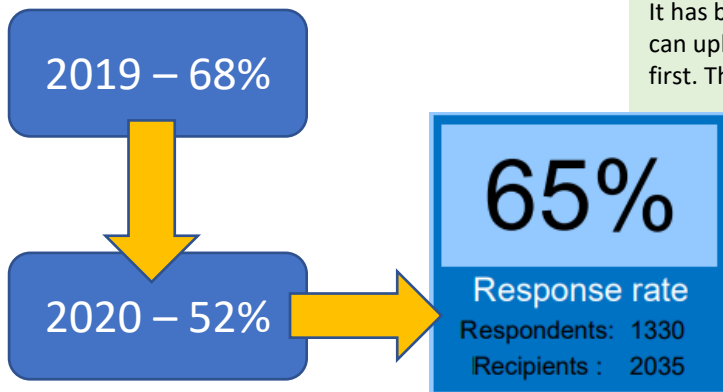
Urgent Care

- Embed Frailty Pathway
- Redesign of Urgent Care

Objective – Staff Health and Wellbeing

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iMatters Report Return 21/22



iMatters Next Steps

It has been decided that we will share 3 action points that managers can upload into their action plans without having a team meeting first. They will just be partnership action plans.

- Ensure all staff take regular annual leave throughout the year
- Encourage staff to take regular breaks throughout their working day. (This is a culture that can be promoted by managers being seen to take regular breaks too)
- Promote a positive performance management culture by holding regular 121s/ team meetings with staff, setting team objectives and meeting staff for annual appraisal

Healthy Working Lives (June – Present Day)

Sessions where attendance is recorded

- 19 Reflexology sessions involving a total of 99 attendees.
- 7 Mindfulness sessions involving a total of 55 attendees.
- 13 Complementary Therapy sessions involving a total of 61 attendees.
- 3 Pedicure sessions involving 18 attendees

Other session available – uptake not recorded.

The Reflexology sessions are available every fortnight from June onwards on a Monday from 10am to 4pm.

The Mindfulness sessions have been on the last Monday of September and October at 12pm to 12.45pm and 1pm to 1.45pm.

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235
ACHSCP
Staff
attended
to date

Staff Governance Standards - Strand Scores



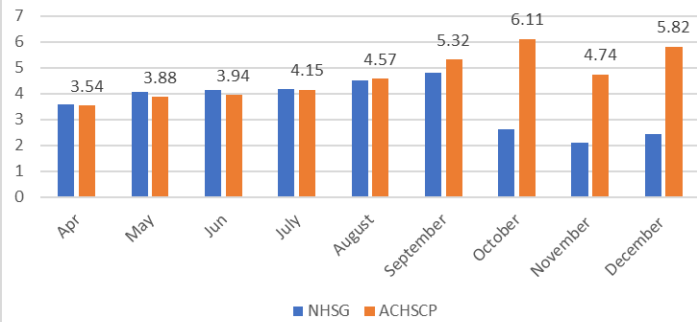
Funding Support for Staff Health and Wellbeing

ACHSCP were funded money from the Scottish Government to aid staff health and wellbeing for 21/22. We have taken steps to use this fund to practically support our staff through the winter period. Teams have been provided with winter driving packs, personal alarms & shoe grips to help support their health and safety in the winter months.

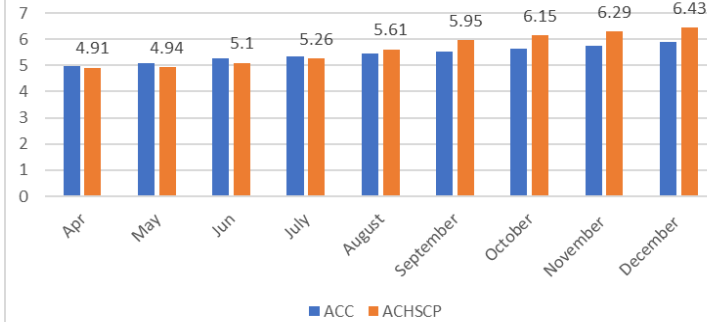
The funding also enabled us to remind staff the importance of breaks, with wellbeing packs of tea bags/ coffee and biscuits to be distributed to teams to promote our staff to take a well-earned break.

Objective – Staff Health and Wellbeing

Absence % Rate per Month
ACHSCP (NHS) & NHSG Comparison



Total Days Lost due to Absence per Month
ACHSCP (ACC) & ACC Comparison



Top 5 Known Sickness Absence Reasons

Absence Reason	Aberdeen H&SCP Absence Rate		
	Oct-21	Nov-21	Dec-21
Unknown causes/not specified	21.34%	19.03%	15.52%
Anxiety/stress/depression/other psychiatric illnesses	15.39%	15.23%	24.37%
Other known causes	13.63%	12.64%	10.43%
Injury, fracture	10.89%	9.83%	13.00%
Cold, cough, flu - influenza	9.84%	7.99%	6.94%

It has been difficult to reduce absence during Covid response. Absences are monitored on an ongoing basis. Our absence rates sit higher than our colleagues within the parent organisations. Other than Covid related absences our main absence reason is Stress, Anxiety and Psychological issues. To help mitigate this we have been encouraging the use of the healthy working lives programme, and 235 staff have benefitted since its re-establishment in June. We have also made use of dedicated funding from Scottish Government to provide welfare support to staff.

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Objective – Staff Health and Wellbeing

Objective Projects Summary

Staff Support	Staff Support has been a key priority over the last year. The Leadership Team have made it a priority to oversee staffing issues daily with situation reports being escalated to daily huddle meetings. It has been difficult to reduce absence during Covid response. Absences are monitored on an ongoing basis. This will be an ongoing 22/23 Objective
Training and Education	Again, it has been difficult to focus on this whilst responding to Covid and ensuring delivery of critical services in the face of high staff absence. This will return to business as usual as soon as the pressure on the system reduces.
Care Home Support	This will link to the review of commissioned services for LD & MH Residential Care. Complete Care Home Team now resourced and embedded, now Business as Usual.
Review Models of Work	Return to office has only recently become a possibility. This work will be undertaken as part of Business as Usual.
Reduction in Travel Costs	Use of virtual platforms has negated the need for the majority of staff to travel to meetings, conferences etc. This has been artificial during Covid. More realistic measures will be taken once we get back to a more normal approach with the introduction of hybrid working.
Rationalise Space Usage	Again, we have been unable to progress this whilst in the artificial situation of most staff working from home. From February 2022 we will start to return some staff to offices and this will begin the process of being able to assess our needs in relation to office space.
Reduction in Headcount	System pressure has focused efforts on ensuring sufficient staff to deliver critical services. As part of the Workforce Plan LT Objective 22/23 will establish future workforce needs and determine what level of headcount required to deliver sustainable services in future.
Support Remobilisation	We have been unable to fully remobilise services due to system pressures and the response to Covid. Remobilisation will only be possible once pressure has reduced. We have continued to focus on mental health services and support utilising dedicated funding.

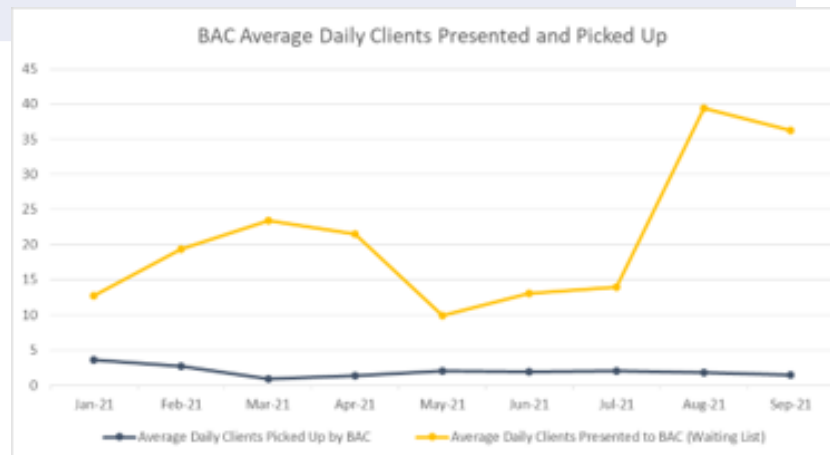
Reshaping our Commissioning Approach

Objective Projects Summary

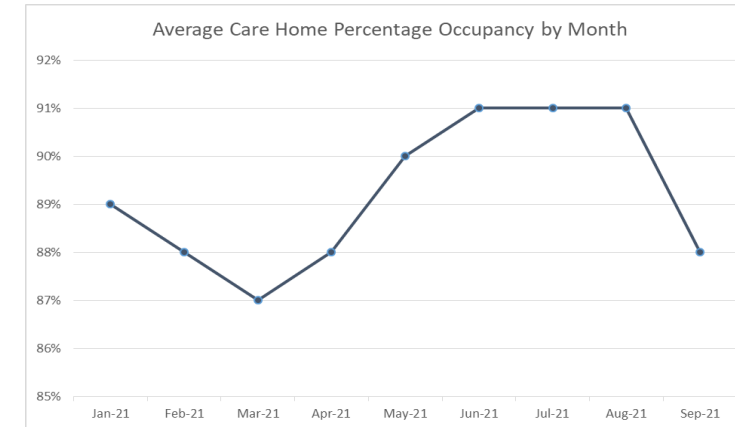
Review National Care Home Contract	Led by Scotland Excel, contract now delayed until April 2023, but ACHSCP will contribute via the National Reference Group
Care at Home	New service now embedded and contributing to maintaining patient flow from hospital to home.
Mental Health & Learning Disability Commissioning	Whilst there has been progress made with a procurement strategy for the skills and development services, other work has been interrupted whilst we responded to the pandemic, however it will continue as business-as-usual 22/23, and is firmly embedded within the commissioning workplan
Review Grant Funded Orgs	Report on Grant Funded Orgs will be submitted to IJB in March 2022
Stay Well Stay Connected – Retender of Day Opportunities and Planned Respite following Review	Review of Carer Support ongoing. Production of AGILE brochure and video. Retendering paused due to system pressures, will be picked up by new Lead Commissioner once in post.
Market Position Statement	Market Position statement now published.

Carers Support	Quarter 1	Quarter 2	Quarter 3
Number of Carers Supported	281	459	84
Referrals Received	96	101	6

The review of the Carers Strategy has been postponed. There has already been a number of engagement sessions and a survey has been distributed seeking the views and experiences from Carers to help influence the new Strategy. The Scottish Government is currently producing their own strategy due in June 2022.

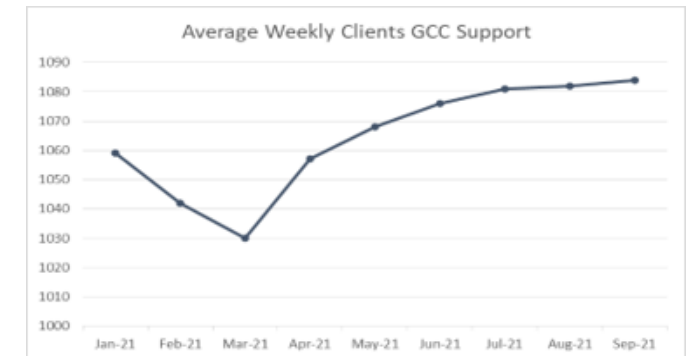


Residential Occupancy and usage



Care home occupancy is consistent throughout the period with no significant peaks or dips. The range is between 85-95% occupancy.

Care at Home



The average weekly number of clients GCC support peaks in January, quickly drops to a low in March and then increases for the rest of the period, with September levels reaching and slightly exceeding January's peak.

Whole System and Connected Remobilisation

Objective Projects Summary	
Immunisation Blueprint	Planned programme for vaccinations delivered making maximum effectiveness and efficiency of resources. Blueprint agreed and being implemented.
Covid Vaccinations	Covid Vaccinations being run as Business as Usual within overall Immunisation Blueprint although not yet fully funded.
Digitisation	Focus has been on D365, TEC Project and embedding Morse in Community Nursing. Priority for next year will be Analogue to Digital switchover.
Refresh PCIP	Delayed due to system pressures. We have continued to deliver on PCIP actions and report to Scottish Government. Delivering the strategic intent of PCIP is a 22/23 Objective.
Deliver CTAC	Delayed due to system pressures. We have continued to deliver on wider PCIP actions and report to Scottish Government. Delivering the strategic intent of PCIP is a 22/23 Objective.

Reshaping our relationships with our Communities

Objective Projects Summary	
Redesign of Adult Social Work	Progress on the redesign of ASW continues with the Business Case planned to be considered by EPB in March.
Reduce Medication Errors (EMar)	Not progressed due to system pressure. This will be taken forward as part of the Digitisation agenda under Business as Usual
Community/ Primary/Secondary Care Interface	The Grampian Interface Care Group is up and running and ACHSCP is linked into that. Any City specific activity will be picked up coming from that group.
Reduce Health Debt	We have been unable to fully remobilise services to address Health Debt due to system pressures and the response to Covid. Remobilisation will only be possible once pressure has reduced.

Living and Responding to Covid19

Objective Projects Summary

Review Referral Pathways	Not progressed due to capacity. Pathway review 22/23 Objective, SAP will be delivered as part of Community First
Rehab Pathway	Linked to Grampian project but not progressed Aberdeen specific work. 22/23 Objective
2C Redesign	Process of transferring 2C practices to new providers will be complete in 21/22. Ongoing embedding of new service provision will form part of PCIP 22/23 objective.
Identify LSS Projects (improvement activity)	Priority projects driven by response to Covid. This will continue as part of LT Objective setting.
Models of Care for Long Covid	ACHSCP continue to be linked to the Grampian wide project and any specific actions for city will be implemented as required.
Redesign of Urgent Care	ACHSCP are linked to the Grampian wide project, and this will be ongoing. A number of task and finish actions have been delivered to support Urgent Care delivery within the wider system.
Embed Frailty Pathway	Mainly complete, Rosewell complete, Shire Pathway to be embedded. Review of 102 to be undertaken. These aspects will be progressed as part of Business as Usual.